Tennessee's birth data supplies information that is useful to health professionals in the implementation of research and programs to improve the health of both mothers and babies. The prenatal period can be the beginning of a lifetime of good health, or it can be the start of years of illness, impairment, and shortened life expectancy. Low birthweight can be linked to various risk factors that include developmental delay, respiratory distress syndrome, and congenital anomalies.

Early and comprehensive prenatal care can reduce rates of infant deaths and low birthweight. Educating women on the effects of maternal risk factors such as poor nutrition, cigarette smoking, and alcohol and drug usage is an important tool in the strategy for healthier babies.

Maternal age is a risk factor for both under 18 years of age and 40 years and older. Adolescents are at particular risk of having low birthweight babies. Babies born to adolescent mothers are also at higher risk to live in poverty, because these mothers are more likely

2003 2003 2003 **Total Population White Population Black Population** 5,840,260 4,764,790 981,422 **Total Female White Female Black Female** (10-17) Populati<u>on</u> (10-17) Population (10-17) Population 313,263 240,141 68.272

to drop out of school and less likely to attend college. Women over age 40 also are at risk for low birthweight and higher rates of births with congenital anomalies.

By studying birth trends and maternal factors, health providers are better able to identify problem areas and establish intervention programs and services for high-risk infants. Reductions of adolescent birth rates have been accomplished in recent years with the aid of the adolescent pregnancy prevention programs established by the Tennessee Department of Health. These prevention programs promote community awareness and involvement in teen pregnancy issues, provide abstinence education, and expand services available to pregnant and parenting adolescents.

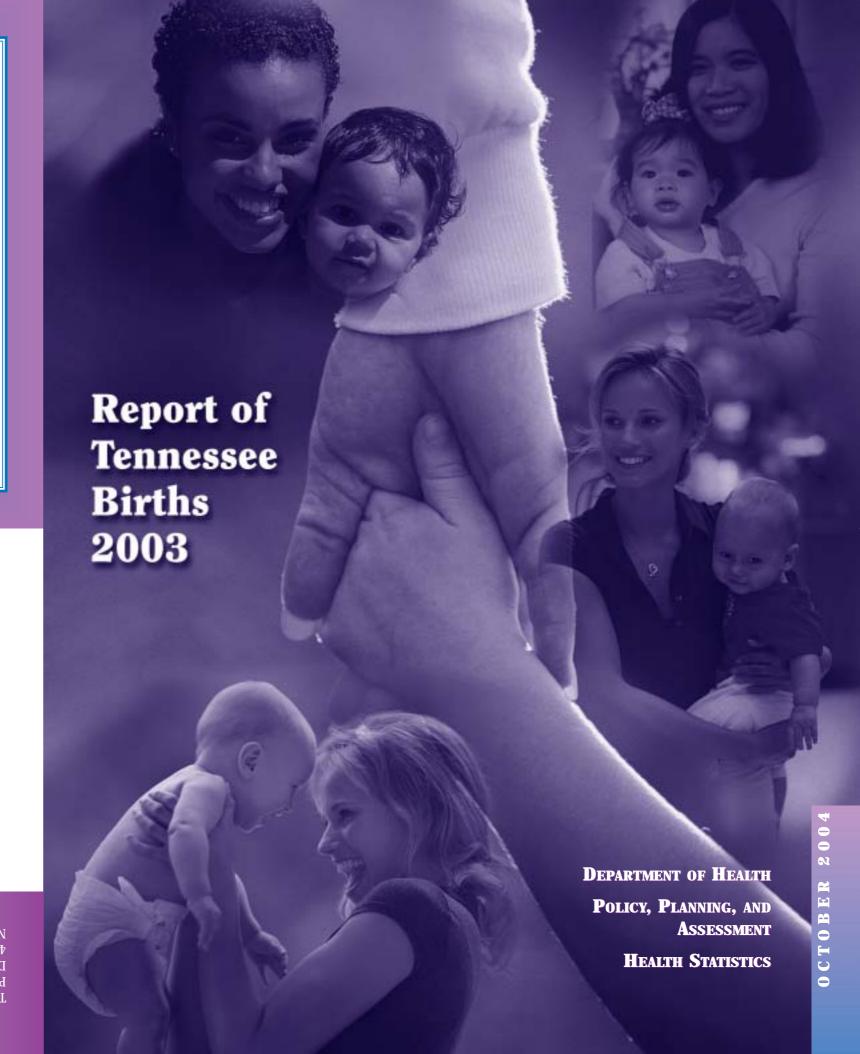
More detailed county level birth data may be obtained by contacting the Tennessee Department of Health, Division of Health Statistics or by visiting our website at the address below.

Please visit the Tennessee Department of Health website: tennessee.gov/health

NOTE: The population estimates for Tennessee used to calculate the rates in this report were based on figures prepared from the 2000 census in August, 2003 by Health Statistics. These revised population figures were based on updated county total estimates, and may result in rates that differ from those previously published.



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Tennessee Department of Health Policy, Planning, and Assessment Division of Health Statistics 425 5th Ave. No., 4th Floor Nashville, Tennessee 37247-5262

Introduction

Report of Tennessee Births 2003 provides information on final birth data for state residents. Resident data includes events that occurred to residents

of the state irrespective of where the events took place. Certificates filed with the Office of Vital Records supplied the data for this report. Copies of certificates occurring to Tennessee residents in other states are forwarded to

Tennessee in the interstate transfer of these certificates.

TENNESSEE'S TOTAL BIRTH TREND INDICATES A GRADUAL DECLINE SINCE THE 1940s WHEN THE RATES WERE AT RECORD HIGHS. The 2003 total birth rate of 13.5 per 1,000 population, increased 0.7 percent over the rate in 2002. The 2003 white rate (12.7) increased 1.6 percent over the previous year, while the 2003 black rate of 16.5 was the lowest for the five-year period 1999-2003. From 1994 to 2003, Tennessee's total birth and adolescent birth rates decreased. Birth percentages for unmarried women, low birthweight infants, and multiple births all increased during the same period.

IN 2003, THERE WERE 78,841 TOTAL LIVE BIRTHS TO TENNESSEE RESIDENTS. Of the total, 60,630 or 76.9 percent were white and 16,160 or 20.5 percent were black. There were 3,382 births to females ages 10-17 combined. This number represented a 0.8 percent decrease from the previous year for this age group. There were 7,665 births to females 35 years and older. Births for this age group increased 3.7 percent over the previous year.

IN 2003, THE PERCENT OF TOTAL BIRTHS WITH ADEQUATE CARE WAS 73.9, AN INCREASE OF 1.5 PERCENT OVER 72.8 IN 1994. In 2003, the percent of births with inadequate care (7.4) increased 17.5 percent over the 1994 percent of 6.3, while the percentage of total births with no care increased 15.4 percent from 1.3 to 1.5 for the same period. The percent of births with adequate care

decreased for whites

blacks from 1994 to

2003. Blacks had the

highest percentage of

births with no care,

percent over 3.3 in

3.4 for 2003, an

increase of 3.0

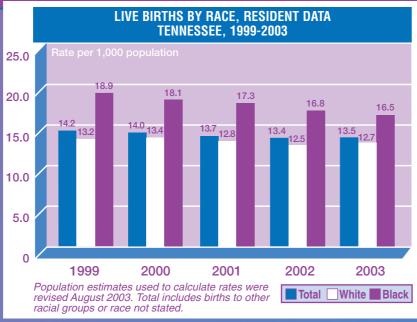
1994.

and increased for

NUMBER OF LIVE BIRTHS BY AGE AND RACE OF MOTHER RESIDENT DATA, TENNESSEE, 2003

Age Groups	Total	White	Black
Total	78,841	60,630	16,160
10-14 years	179	77	97
15-17 years	3,203	1,966	1,195
18-19 years	6,971	4,968	1,912
20-24 years	24,048	17,691	5,930
25-34 years	36,597	29,512	5,872
35-44 years	7,614	6,215	1,131
45+ years	51	41	8
Unknown	178	160	15

ADOLESCENTS (10-17) AND MOTHERS AGED 40 YEARS AND OLDER FACE A **GREATER RISK OF HAVING LOW** BIRTHWEIGHT BABIES. In 2003, the low birthweight percentage of total births to mothers 10-17 was 11.5. This was 11.5 percent lower than in 1994. The percent of total births that were low birthweight for mothers 40 years and older (13.0) increased 16.1 percent over the same time period.



NUMBER AND PERCENT OF BIRTHS BY ADEQUACY OF PRENATAL CARE AND RACE OF MOTHER **RESIDENT DATA, TENNESSEE, 2003**

	Total		White		Black			
	Number	Percent	Number	Percent	Number	Percent		
Total	78,841	100.0	60,630	100.0	16,160	100.0		
Adequate	58,258	73.9	46,989	77.5	9,853	61.0		
Intermediate	13,598	17.2	9,356	15.4	3,838	23.8		
Inadequate	5,823	7.4	3,717	6.1	1,918	11.9		
No care	1,162	1.5	568	0.9	551	3.4		

Percentages for care are derived from criteria defined in the Kessner Index, which classifies prenatal care on the basis of the number of prenatal visits, gestational age, and the trimester care began. In addition to the specific number of visits indicated for inadequate care, all women who started their care during the third trimester (28 weeks or later) were considered to have received inadequate care

PERCENT OF TOTAL BIRTHS THAT WERE LOW WEIGHT* BY AGE OF MOTHER RESIDENT DATA, TENNESSEE, 1994-2003																													
16.0	Percent of total births																												
14.0	11.8 11.9 12.3 12.4 12.1 12.2									12.5							13.0		3.0										
12.0	1		113	2		10.3	11.4	ľ	5										ı	ı	10.8	ı	ı	11.6			11.5		ı
10.0			8.5	ı	8.5	ı		3.6	ı	8.5			8.8			9.0			9.0	ı		9.1			9.0			9.2	i
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NUMBER AND PERCENT OF BIRTHS BY WEIGHT AND RACE OF MOTHER **RESIDENT DATA, TENNESSEE, 2003**

	Total Number	Percent	White Number	Percent	Black Number	Percent
Total	78,841	100.0	60,630	100.0	16,160	100.0
Under 2500 grams	7,409	9.4	4,847	8.0	2,408	14.9
1-1499	1,343	1.7	790	1.3	534	3.3
1500-2499	6,066	7.7	4,057	6.7	1,874	11.6
2500+ grams	71,423	90.6	55,776	92.0	13,744	85.0

IN 2003, 7,409 LOW BIRTHWEIGHT (LESS THAN 2,500 GRAMS) INFANTS WERE BORN. The low birthweight percentage of 9.4 occurring in 2003 was the highest for the ten-year period 1994-2003. In 1994, 2.6 percent of total births were multiple births, but this percentage increased to 3.1 by 2003. Of the total multiple births in 2003, 64.5 percent were low birthweight infants. This was a 5.7 percent increase over the percent (61.0) of

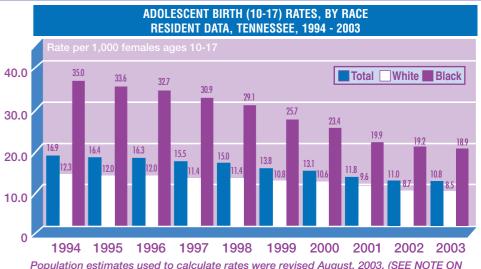
low weight multiple births in 1994.

THE PERCENT OF BIRTHS TO UNMARRIED FEMALES BY AGE SHOWED THE HIGHEST PERCENTAGES WERE FOR FEMALES AGES 10-14 AND 15-17. In 2003, 99.3 percent of births to black females ages 10-17 combined were to unmarried women, compared to 83.5 percent for unmarried white females. The percentages for each race declined as the age of mother increased with the exception of whites aged 45 years and older. The negative effects of births to unmarried adolescents include social and economic consequences resulting from the interruption of schooling. These economic consequences are reflected in costs that are often supported by public assistance programs.

ADOLESCENT BIRTHS (10-17) BY RACE, REVEALED THE HIGHEST RATES PER 1,000 FEMALES WERE FOR BLACKS FOR THE PERIOD 1994-2003. In 2003, the black adolescent birth rate of 18.9 was almost twice as high as the total adolescent birth rate of 10.8. The total birth rate for adolescents declined from 1994 to a ten-year low in 2003. The rates for whites (8.5) and blacks (18.9) also dropped to the lowest rates for the period with the black rate decreasing 46.0 percent from 1994-2003. Teen pregnancy prevention programs are making important contributions in the decline of adolescent birth rates.

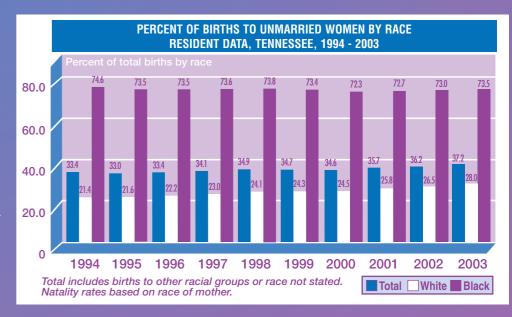
NUMBER OF BIRTHS TO UNMARRIED FEMALES BY AGE WITH PERCENTAGE OF TOTAL BIRTHS BY AGE **RESIDENT DATA, TENNESSEE, 2003**

Age Groups	Total Number	Percent	White Number	Percent	Black Number	Percent
Total	. 29,326	37.2	16,951	28.0	11,881	73.5
10-14 years .	175	97.8	73	94.8	97	100.0
15-17 years .	2,854	89.1	1,632	83.0	1,186	99.2
18-19 years .	5,147	73.8	3,240	65.2	1,841	96.3
20-24 years .	12,183	50.7	6,997	39.6	5,007	84.4
25-34 years .	7,757	21.2	4,311	14.6	3,263	55.6
35-44 years .	. 1,161	15.2	663	10.7	474	41.9
45+ years	9	17.6	67	14.6	3	37.5



LAST PAGE) Total includes births to other racial groups or race not stated

Natality rates based on race of mother



THE PERCENT OF BIRTHS TO UNMARRIED WOMEN BY RACE AND YEAR FOR 1994 TO 2003 SHOWED THE PERCENTAGES FOR BLACK WOMEN ALMOST TWICE THE TOTAL AND 2.6 TIMES THE PERCENT FOR WHITES. The percent of total births to unmarried women increased 11.4 from 1994 to 2003, while the increase for whites was 30.8 percent. For blacks the percent decreased from 74.6 in 1994 to 73.5 in 2003.